

SERIAL NUMBER 09/214,875	FILING DATE 04/19/99	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 02581P0045A
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APPLICANT

HUBERT MANHES, VICHY, FRANCE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*None*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

THIS APPLN IS A 371 OF PCT/DE97/01552 07/22/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FED REP GERMANY DE196 29 537.8 07/28/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>Examiner's Initials</i> _____ <i>Initials</i> _____					

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TITLE

TROCAR SHEATH FOR ENDOSCOPIC USE

FILING FEE RECEIVED  \$970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Bib Data Sheet



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<b>SERIAL NUMBER</b> 09/214,875	<b>FILING DATE</b> 04/19/1999 <b>RULE</b> -	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 02581P0045A	
<b>APPLICANTS</b> HUBERT MANHES, VICHY, FRANCE; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE97/01552 07/22/1997 <i>yes, VB</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY DE196 29 537.8 07/28/1996 <i>yes, VB</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> WESLEY W WHITMYER JR ST ONGE STEWARD JOHNSTON & REENS 986 BEDFORD STREET STAMFORD, CT 069055619					
<b>TITLE</b> Trocar Sleeve For Endoscopic Applications					
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. <u>                    </u> to charge/credit DEPOSIT ACCOUNT No. <u>                    </u> for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <u>                    </u> <input type="checkbox"/> Credit		